(850) 433-5075

2002 Uniform Business Report (UBR)

SIGNATURE: _

DOCU	2 UNI JMENT HEIGHTS	₹)	FILED Mar 19, 2002 8:00 am Secretary of State 03-19-2002 90026 021 ***150.00									
Principal Pla 100 NORTH S PENSACOLA US		S	Mailing Address 100 NORTH SPRING ST PENSACOLA FL 32501 US				1 1884 18 14 141 8		T	1211 2 1811 21811 2		
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE					
	·		*					DO NOT WAIT	C 114 11119	SPACE		-
City & Sta	10		City & State	بد خي په			FE! Number 5	9 - 2973012	المريخ المنطق	 	plied For t Applicable	
Zip Country		Country	Zip Cour		try	5.	Certificate of Sta	atus Desired		\$8.75 Add	ditional	
	6. Name	and Address of Current Re	egistered Agent	L		7.	Name and Add	ress of New R	egistered		<u> </u>	1
			***	_,	Name				-			l
BRANTLEY, RONALD S					Street Address (P.O. Box Number is Not Acceptable)							
100 NORTH SPRING ST PENSACOLA FL 32501												1
LIVOAUC	JEN 1 E 0250	'•			City					Zip Cod	0	
						•			FL	- 2,5000		
8. The above	e named entity	submits this statement for the	ne purpose of changing its	register	ed office or	registered ag	gent, or both, in t	the State of Flo	rida.			
SIGNATURE												
	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signatu	re required when r	einstating)		DATE	-		
Tax filing	requirement a	ble to satisfy its Intangible nd elects to do so.	FILE NOW! After May 1, 20	02 Fee	will be \$5	50.00	4	Campaign Fina	~ _		0 May Be	
<u> </u>	ria on back)		Make Check Payab	is to D	epartment	of State	- Hust Ful	nd Contribution	. L	Added	to Fees	
11.	100	OFFICERS AND DI		12.		AD	DITIONS/CHAP	NGES TO OFFI	CERS AND	_		
NAME STREET ADDRESS CITY ST-ZIP		, ronald s Jsh turn dr.	☐ Delete	lf .	- 1			-		Change	☐ Addition	2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHANKS, S 2980-B PIP BIRMINGH/	E LINE ROAD	☐ Delete	li .					` .	☐ Change	☐ Addition	CR2E(
TITLE NAME STREET ADDRESS CITY-ST-ZIP		BARBARA S ISH TURN DR.	☐ Delete	11						☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	NAME	:	· · · · · · · · · · · · · · · · · · ·				☐ Change	Addition	
CITY-ST-ZIP		-	- 7	- II	T ADDRESS ST-ZIP		-	÷		. —	4	٠
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	II .	T ADDRESS	-				☐ Change	Addition	,
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE	T ADDRESS				***	☐ Change	Addition	
13. I hereby of indicated of the corp changed,	certify that the on this report poration or the or on an attac	information supplied with thi or supplemental reports to receiver or trust to empowe hment with a address, with	s filing does not qualify for e and accurate and that m red to execute this report a all other like empowered.	the over	ST-ZIP nption state ure shall ha ed by Chap	d in Section ve the same l oter 607, Florid	119.07(3)(i), Flor legal effect as if da Statutes; and	ida Statutes. I f made under oa that my name	urther cert	ify that the in m an officer of Block 11 or	formation or director Block 12 if	